

Medicaid and National Diabetes Prevention Program (DPP) Briefing

Maryland Medicaid Advisory Committee
February 26, 2018

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Objectives

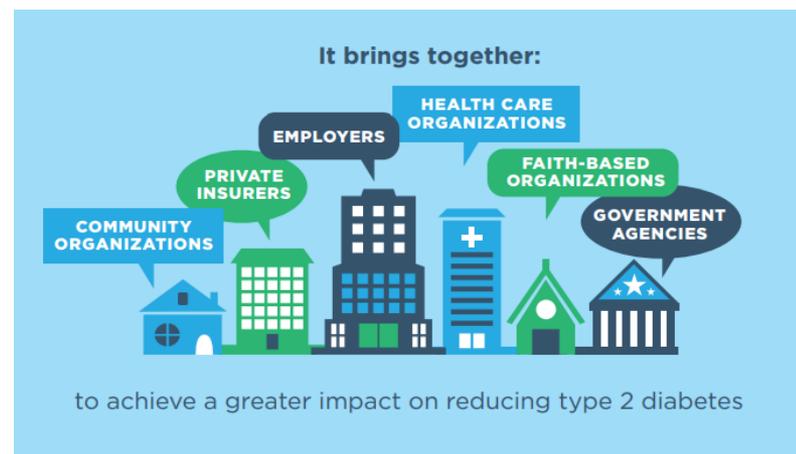
Raise Awareness of National DPP
and Maryland Initiatives

Highlight Medicaid Demonstration
Achievements to date

Discuss Sustainability and Next
Steps

What is the National Diabetes Prevention Program (National DPP)?

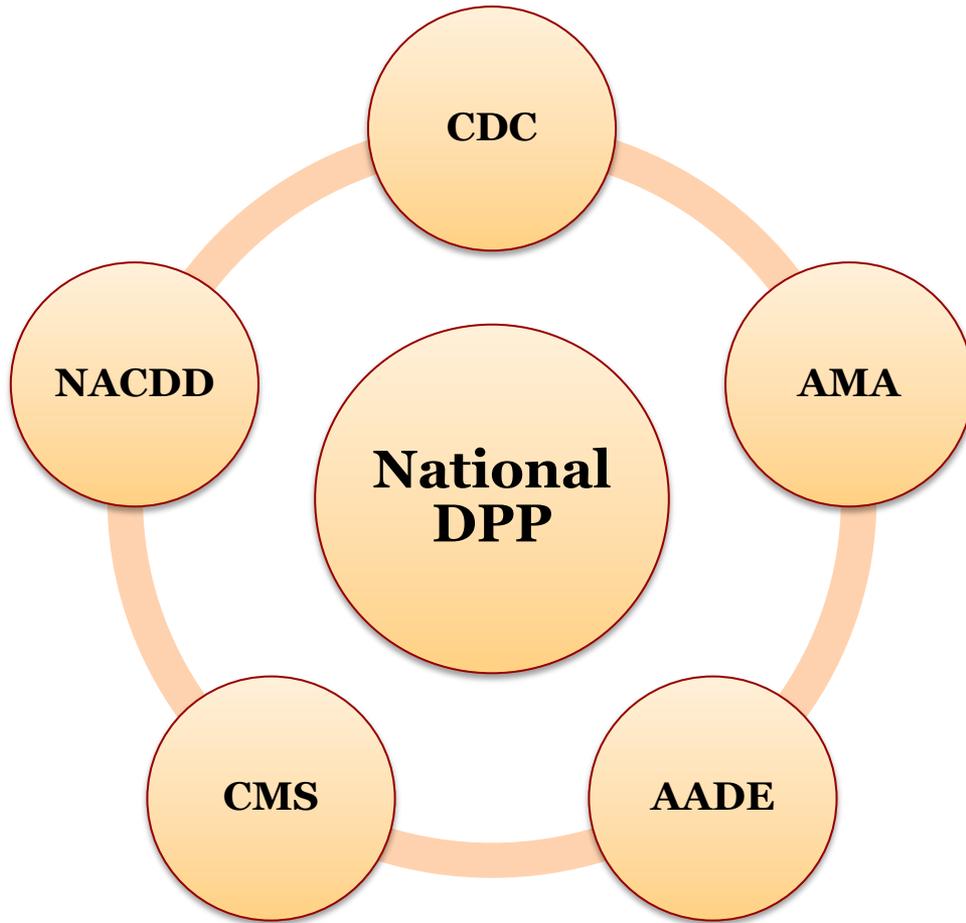
- Evidence-based intervention designed to prevent or delay onset of type 2 diabetes for people with prediabetes or at high risk of type 2 diabetes
- Partnership of public and private organizations
- Lifestyle change program offered using a CDC-approved curriculum focused on:
 - Eating healthier
 - Being physically active
 - Improving coping skills



What is the National Diabetes Prevention Program (National DPP)? (cont.)

- Offered by Lifestyle Coaches, who facilitate and support groups of people with similar goals and challenges
- May be offered by in-person or virtual programs that have obtained Diabetes Prevention Recognition Program (DPRP) recognition from the CDC
 - Fidelity through standardized programming and measurable outcomes
- Structured as a one-year program
 - Core – Weekly sessions for 4 months
 - Post Core—Monthly sessions for 8+ months
- Referrals may be from a provider (based on clinical eligibility) or self-referral (based on a prediabetes risk test)

National Partnerships for Diabetes Prevention



NACDD – National Association of Chronic Disease Directors

CDC – Centers for Chronic Disease Control and Prevention

AMA – American Medical Association

AADE – American Association of Diabetes Educators

CMS – Centers for Medicare and Medicaid Services

National DPP – National Diabetes Prevention Program

Maryland Initiatives Focused on Diabetes Prevention



Diabetes Statewide Capacity Building
(CCDPC)



Medicaid and National DPP Demonstration
(CCDPC and Medicaid)



The 6|18 Initiative
(CCDPC, Medicaid, OPHI)

CCDPC-- Statewide Diabetes Prevention

- Scale up to build capacity and infrastructure for new and existing DPPs
- Facilitate partnerships at the state and local level
- Engage health care providers to test and refer
- Build and sustain referral systems
- Facilitate program DPP supplier reimbursement for sustainability
- Promote awareness of prediabetes and the DPP



Maryland Initiatives Focused on Diabetes Prevention

Diabetes Statewide Capacity Building
(CCDPC)

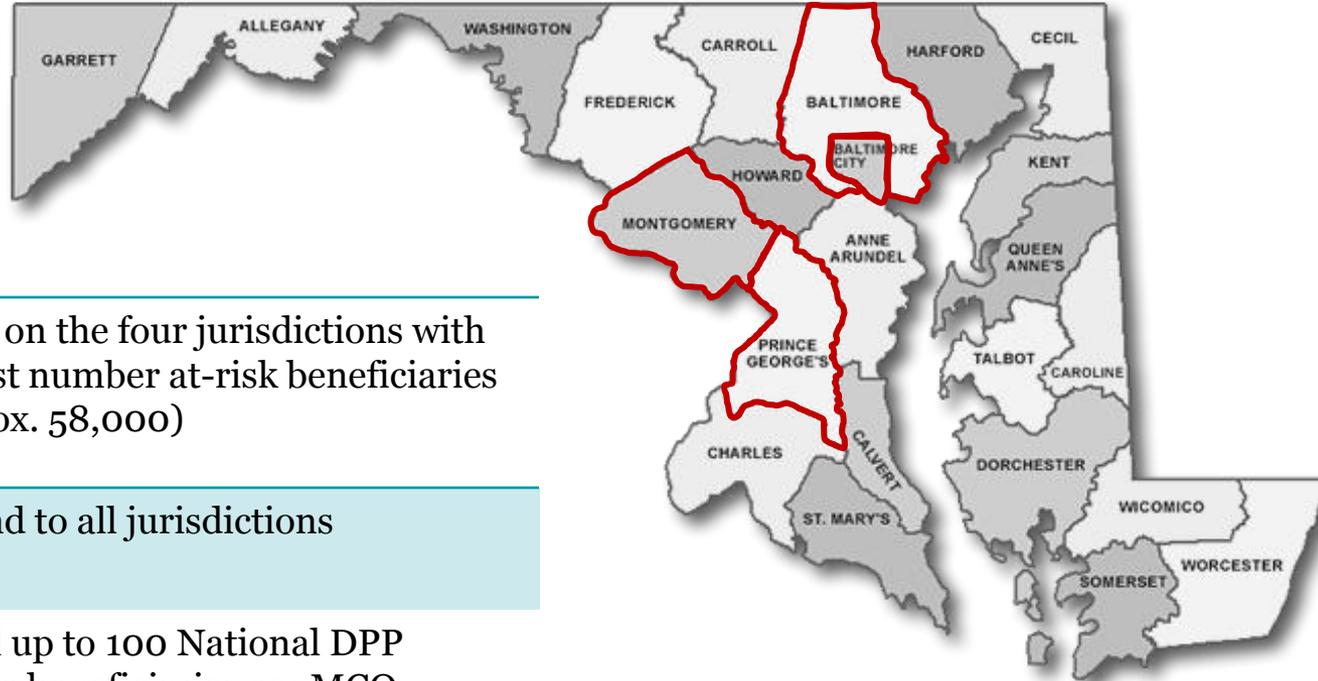


Medicaid and National DPP Demonstration
(CCDPC and Medicaid)



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Medicaid DPP Demonstration Background



Year 1 Target Population

Focus on the four jurisdictions with highest number at-risk beneficiaries (approx. 58,000)

Year 2 Target Population

Expand to all jurisdictions

Year 1 Enrollment Goal

Enroll up to 100 National DPP eligible beneficiaries per MCO

Year 2 Enrollment Goal

Enroll at least 50 National DPP eligible beneficiaries per MCO

Overall Goal

Enroll 600 beneficiaries across the participating HealthChoice MCOs



Overview of Maryland's Delivery Model

Medicaid and the CCDPC will partner in program oversight, leverage longstanding partnership to carry out work:

- Medicaid acts as primary fiscal agent, establish and oversee grants; the CCDPC provides programmatic, and diabetes prevention support and expertise
- Builds upon previous collaboration with MCOs (hypertension and diabetes)
- Hired a Medicaid and National DPP project coordinator
- Issued a non-competitive grant opportunity to 8 MCOs; 4 MCOs participating
- Developing, testing and providing screening protocols to MCOs to identify those meeting the eligibility criteria
- MDH provided initial data set based on claims history to help MCOs identify potentially eligible at-risk beneficiaries

Delivery Network: Phased Approach

Year 1

7/16-6/17

MCOs partner with virtual and/or in-person National DPP supplier:

- Build access to local National DPPs
- Assist MCOs in navigating National DPP relationships
- MCOs can become a CDC-recognized lifestyle change program; CCDPC will provide guidance, training and technical assistance

Year 2

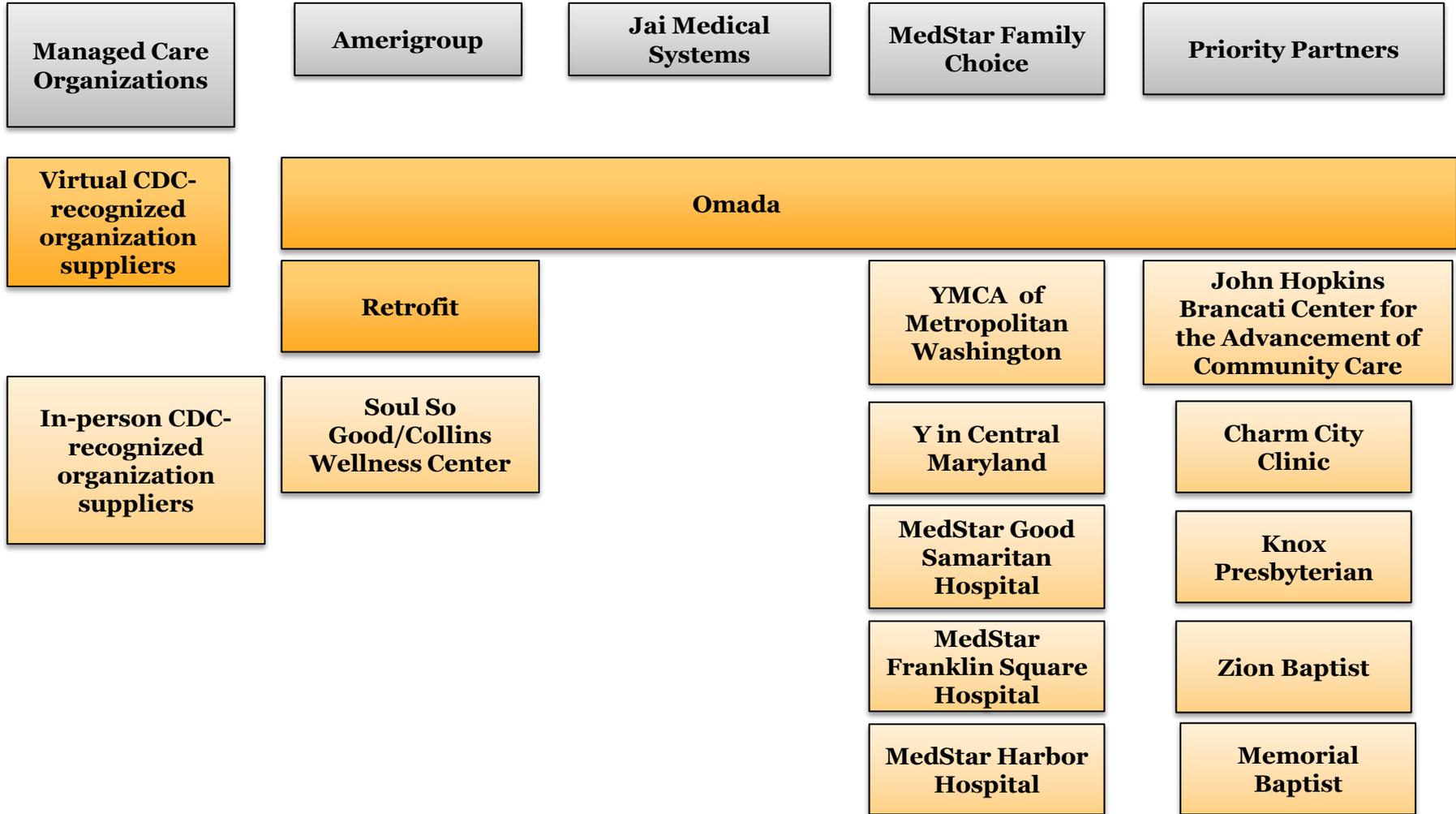
7/17-6/18

MCOs continue to navigate relationships with both virtual and in-person programs:

- MCOs work with current DPP suppliers and may expand their participant reach to additional MD counties
- MCOs and DPP suppliers focus on retention, achievement of weight loss



Maryland Demonstration Partners



Demonstration Enrollment (as of January 31, 2018)

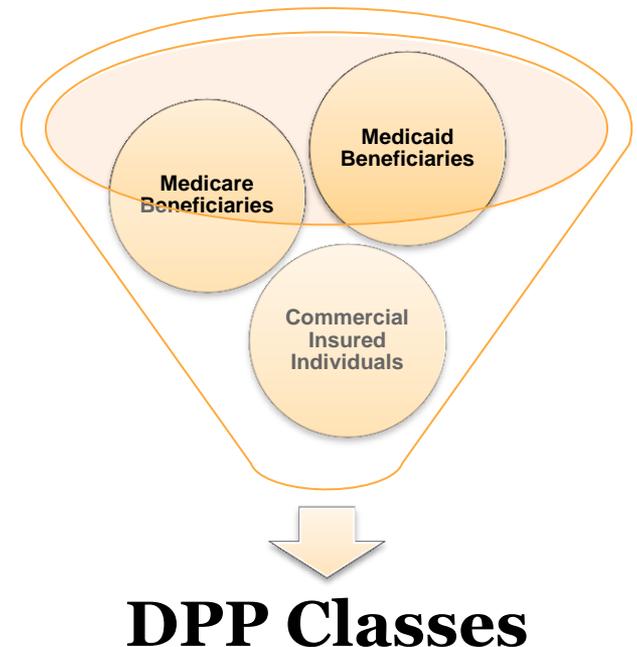
Managed Care Organizations	Number of Beneficiaries Enrolled in National DPP Class ¹
Amerigroup	248
Jai Medical Systems	152
MedStar Family Choice	150
Priority Partners	111
Total	661

¹Members signed an informed consent and have attended at least one session, not including a session zero.

Year 2 Focus: Retention and Sustainability

- Design and implement a sustainability study looking at Secondary Outcomes Evaluation - Return on Investment
- Provide opportunities with MCOs and CDC-recognized organization suppliers to further discuss issues raised in Year 1
- Engage existing and new CDC-recognized organizations in Maryland to partner with MCOs
- Continue to test/identify effective retention methods and strategies

Future of DPP ?

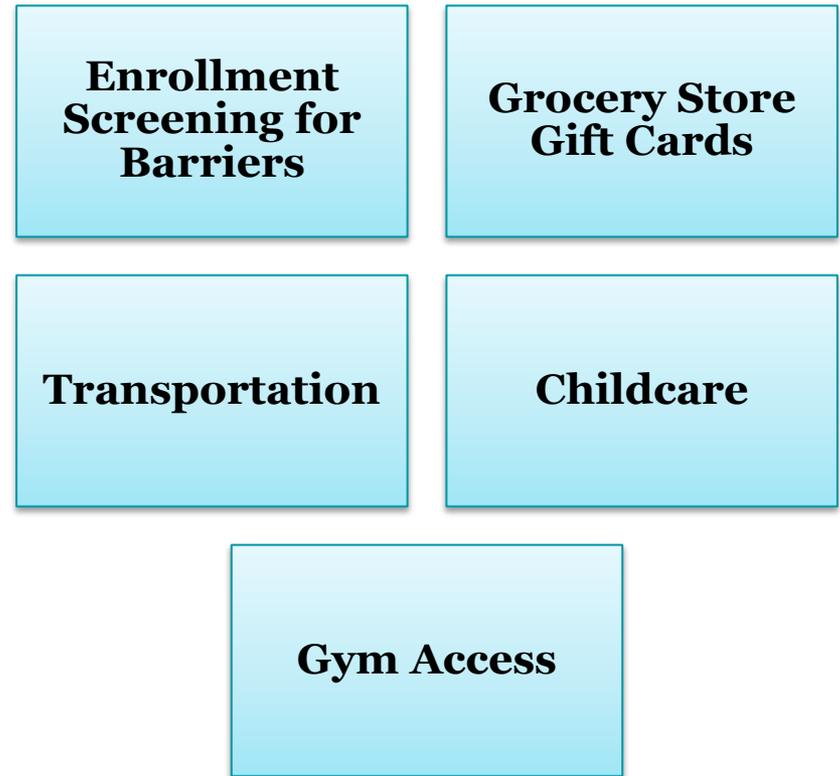


Focus Area: Cultural Competency

- Discussed ability of DPPs – both program and suppliers - to be culturally competent
- Included Cultural Competency agenda items at key demonstration partner meetings
- Requested technical assistance from Leavitt Partners to develop a white paper to assist us “Working with Disparate Populations”
- Asked DPP suppliers what they do if they notice a participant is coming to class, but is not achieving weight loss
- CDC utilizing focus groups to determine programmatic needs to address cultural competency and strengthen lifestyle coaches
- Maryland Demonstration DPP Suppliers included in these focus groups
- MDH Public Health will be contracting with experts to conduct cultural competency training for lifestyle coaches

Focus Area: Social Determinants of Health

- Discussed strategies MCOs are using to address Social Determinants of Health (SDOH) challenges to reduce barriers to attendance, access to healthy food or other program supports
- Investigated current and potential use of SDOH codes – “Z-codes”



Experience

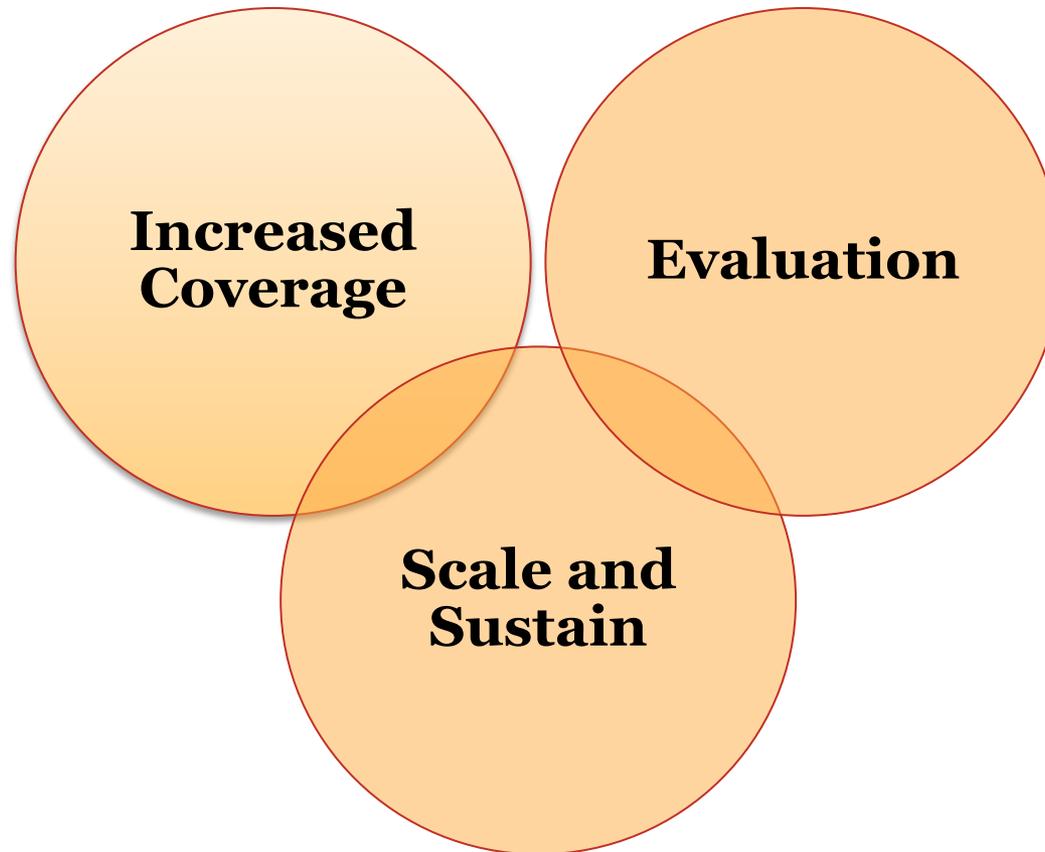
Challenges:

- Contracting
- Coding, Billing and Claims Reimbursement
- Recruitment to Enrollment – High touch necessary
- Credentialing of DPP Suppliers
- Incentives and program supports
- Changes in Eligibility and Churn

Successes:

- Preliminary data: Weight loss
- Enrollment targets with virtual & in-person DPP suppliers
- Medicaid & Public Health Collaboration
- Learning Community – Support from National Partners
- Stakeholder engagement

Expected Project Impact





Maryland MCO Engagement and Outcomes Report (Amerigroup, JAI, MedStar, Priority Partners)

February 2018

Outcomes at Week 16

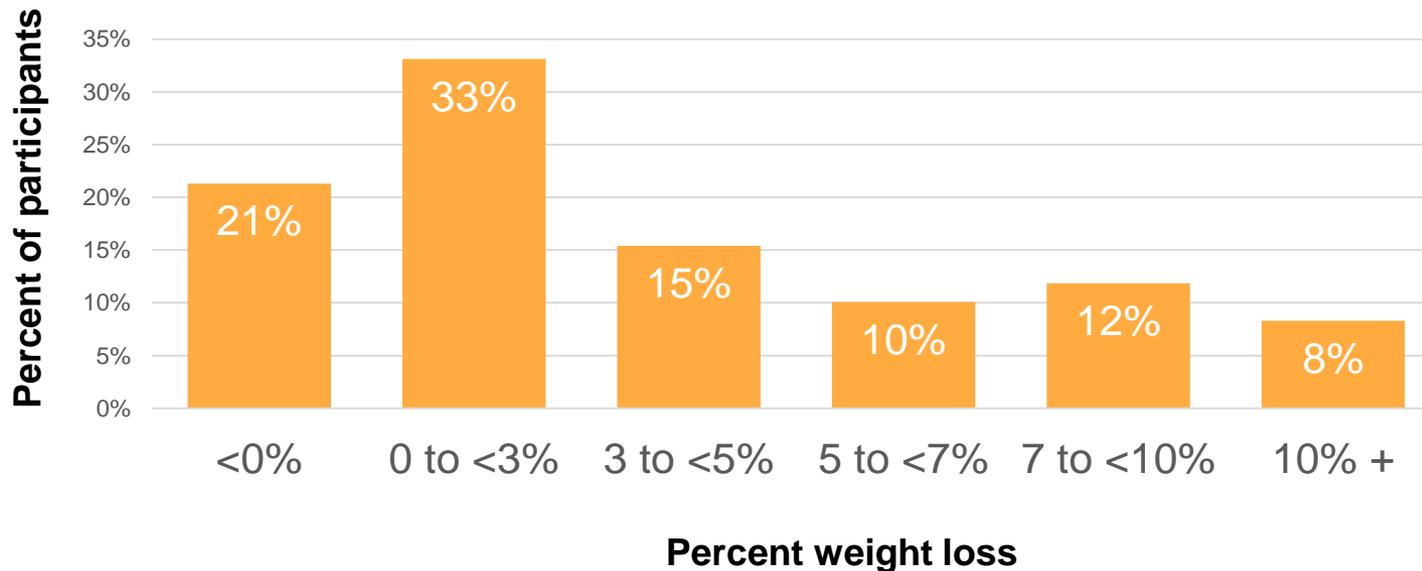
Weight Loss for Participants Who Completed 4+ Foundations Lessons

177
Participants

30%
lost >5% of their initial body weight

3.3%
Average weight loss

7.6 lbs
Average weight loss



Outcomes at Week 26

Weight Loss for Participants Who Completed 4+ Foundations Lessons

154

Participants

37%

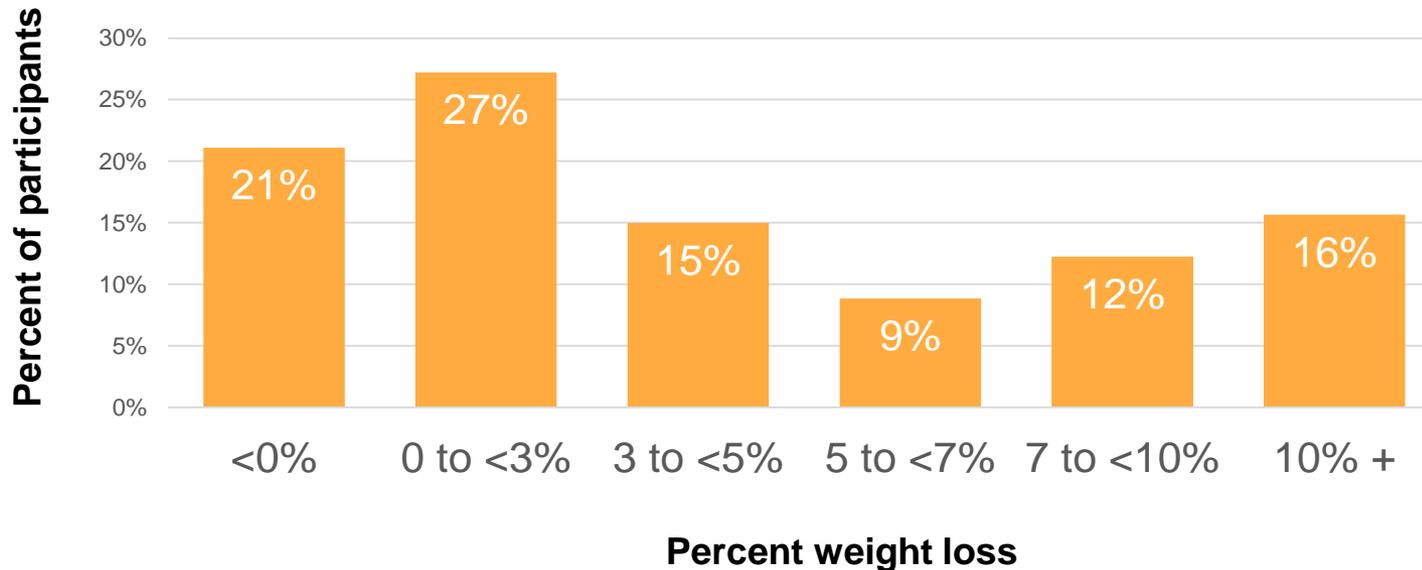
lost >5% of their initial body weight

3.9%

Average weight loss

8.6 lbs

Average weight loss



Outcomes at Week 16

Weight Loss for Participants Who Completed 9+ Foundations Lessons

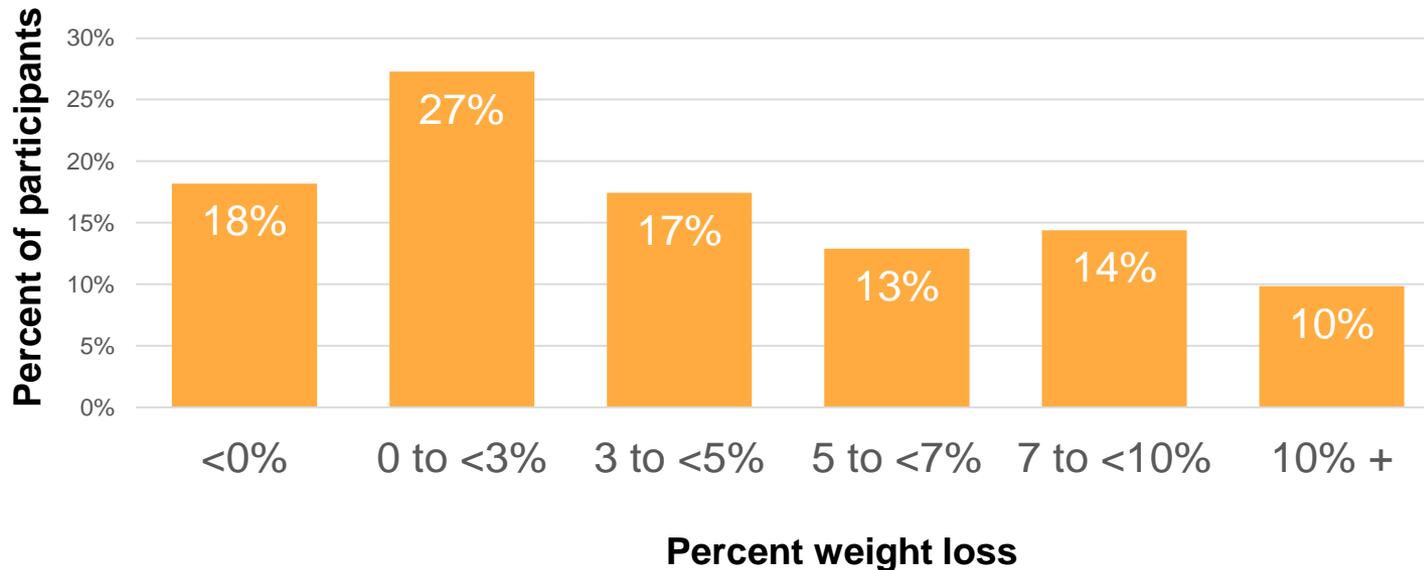
177 Participants have completed 4+ Foundations lessons

137 Participants have completed 9+ Foundations lessons

37% lost >5% of their initial body weight

4.0% Average weight loss

9.0 lbs Average weight loss



Outcomes at Week 26

Weight Loss for Participants Who Completed 9+ Foundations Lessons

154

Participants have completed 4+ Foundations lessons

118

Participants have completed 9+ Foundations lessons

42%

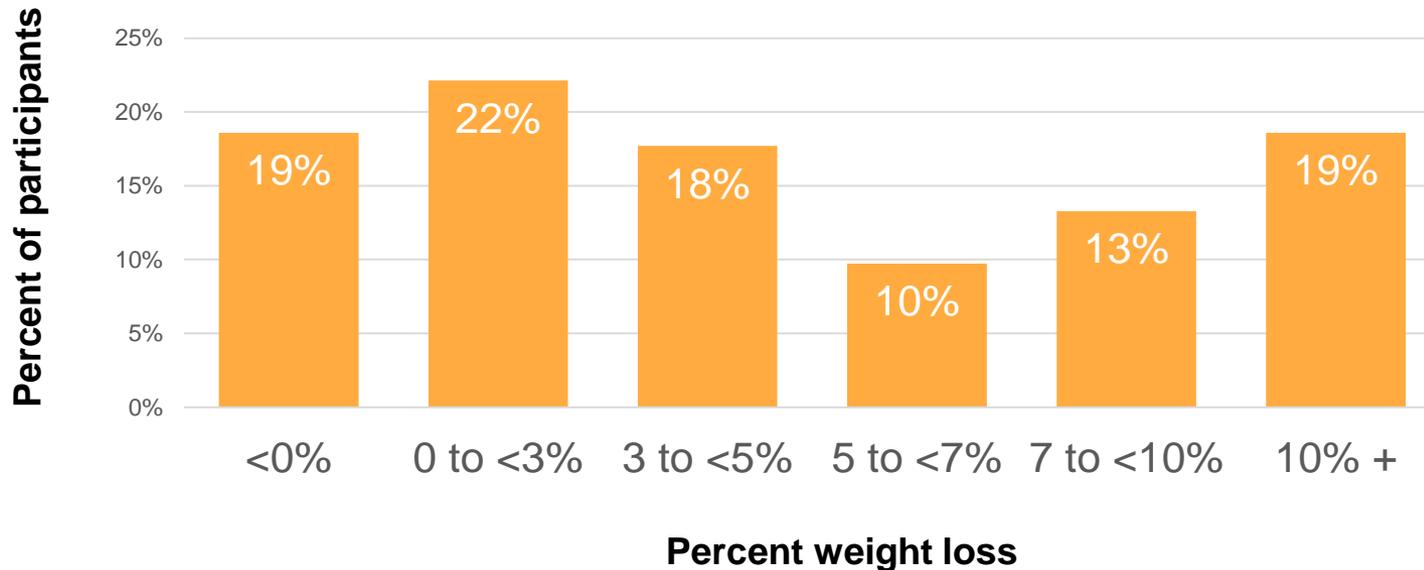
lost >5% of their initial body weight

4.4%

Average weight loss

9.6 lbs

Average weight loss



Outcomes



Weight-Loss
Range



No. of Participants



Projected 3 year risk
reduction¹

Weight-Loss Range	No. of Participants	Projected 3 year risk reduction ¹
0 – 3%	56	35%
3 – 5 %	26	38%
5 – 7%	17	54%
7 – 10%	20	64%
10% +	14	85%

*Assumes week 16 weight loss will be maintained through week 26

1-Maruthar NM, Ma Y, Delahanty LM, et al. Early responses to preventative strategies in the diabetes prevention program. J Gen Intern Med. 2013;28(12):1629–36.

Sustainability in Maryland Medicaid

FACTORS INFLUENCING SUSTAINABILITY

- **Evaluation from RTI (due September 2018)**
- Changes in Federal regulations and guidelines
- Return on Investment Evaluation
- Medicare and Commercial Payers
- Diabetes prevention capacity and network within Maryland
- State Budget

POTENTIAL PATHWAYS TO COVERED BENEFIT

- **1115 HealthChoice Waiver Amendment**
 - Budget initiative / neutrality
 - Public process
- State Plan Amendment
 - Budget initiative
 - Rate Setting
- Value Add Service from MCO



Medicare Expanded Model Diabetes Prevention Program (MDPP)

- Approved by CMS in 2016
- First preventive services model to receive actuarial certification for expansion
- DPP model supported by YMCA of the USA was tested and evaluated by the CMS Innovation Center and demonstrated a \$2,650 savings per enrollee over 15 months
- MDH submitted joint comments to CMS on the proposed final

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Maryland's 6|18 Initiative: Diabetes Prevention

The 6|18 Initiative

Reduce Tobacco Use

Control Blood Pressure

Prevent Healthcare-Associated Infections

Control Asthma

Prevent Unintended Pregnancy

Prevent Diabetes

- CDC is partnering with health care purchasers, payers and providers to improve health and control health costs
- Providing partners with rigorous evidence about high-burden health conditions and associated interventions to inform their decisions to have the greatest health and cost impact
- Aligns evidence-based preventive practices with emerging value-based payment and delivery models

Maryland's 6|18 Initiative

Decreased Diabetes Incidence Among Marylanders

Aligned, Statewide Diabetes Prevention Program

Contextual factors: Maryland DPRP Network, Medicaid National DPP Demonstration, Medicare DPP, Diabetes Prevention Statewide Metric

Provider
practice
transformation

DPP supplier
transformation

Aligned
metrics,
reporting
requirements
and reporting
systems

Payer
participation

Hospital and
health system
engagement



Key Information for MCOs/Health Systems

- The National DPP is evidence-based, cost-effective and aligned with Maryland's All-Payer Model
- The National DPP impacts other quality metrics and overall health outcomes improve (resulting in fewer readmissions, reduced potentially avoidable utilization, and improved cardiovascular health)
- Providers can refer eligible patients from the office visit, or can generate a list of eligible patients from their electronic health records
 - New Billing code 0403T effective January 1, 2016
- Pay for performance model:
 - Weight loss and/or attendance

Opportunity for MCOs/ Health Systems



Improve health of adults



Lower Costs with cost effective intervention



Reimbursement – Medicare (expected to begin April 2018)

Ideas for MCO/Health System Engagement

In the MCO/health system:

- Educate providers about available programs and best practices
- Identify referral processes and pathways for the DPP within the healthcare system
- Collaborate to build DPP supplier network capacity
 - Establish linkages to existing DPP suppliers
 - Consider becoming a DPP supplier

In the community:

- Engage with efforts to assess capacity and potential of existing DSME to integrate with a DPP and identify areas of high need and limited resources
- Engage community leaders and stakeholders to raise awareness of prediabetes and DPPs available for referral
- Amplify messaging from MDH on state diabetes prevention efforts
- Raise public awareness of DPP—*e.g.*, in preparation for Diabetes Alert Day and Diabetes Awareness Month

Resources

- Medicare Actuarial Certification of National Diabetes Prevention Program <https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/ActuarialStudies/Downloads/Diabetes-Prevention-Certification-2016-03-14.pdf>
- National DPP Coverage Toolkit: <https://coveragetoolkit.org/>
- CDC and AMA Diabetes Prevention Toolkit : <https://preventdiabetesstat.org/toolkit.html>
- CDC DPRP Recognition Standards: <https://www.cdc.gov/diabetes/prevention/lifestyle-program/requirements.html>
- ADA Diabetes Risk Test: <http://www.diabetes.org/are-you-at-risk/diabetes-risk-test/?referrer=https://www.google.com/>
- Medicaid and National DPP Demonstration Summary: http://www.chronicdisease.org/page/Medicaid_NDPP
- 6|18 Initiative: Prevent Diabetes: <https://www.cdc.gov/sixeighteen/diabetes/index.htm>
- MDH Chronic Disease Prevention: Behealthymaryland.org
- Medicaid Demonstration Handbook (*upon request*)

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Discussion

